

FEDERAL PROGRAMS Non-Public School

Title II and IV PD Quick Reference Guide Procedures & Forms for

**CALCASIEU PARISH
PUBLIC SCHOOLS**



FEDERAL PROGRAMS DIRECTOR, JOHN SPIKES

Building Foundations for the Future

Revised June 2025

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CPSB Federal Programs NP PD Checklist 2025-2026

Date Due	Federal Programs Department	Activity/Forms
August		
TBD	Title II, FE and IV	Budget Revision #1 Noon
November		
TBD	Title II, FE and IV	Budget Revision #2 Noon – Final Revision
December		
12/05/2025	Title I Family Engagement	Instructional Supplies Requests for Exp. Due Noon
March		
3/06/2026	Title II and Title IV	2025-2026 Requests for Expenditures Due Noon
May		
TBD	Federal Programs	Spring End of the Year Meaningful Consultation- Tentative Budget 2025-2026
TBD	Title II and IV	2026-2027 Tentative Budget/Justification Due by Noon
5/22/2025	Title II and IV	Deadline to earn stipend for 2025-2026
July		
7/1/2026	Federal Programs	Begins 2026-2027 Year
7/1/2026	Title I-FE, Title II and IV	2026-2027 Funds Available – You may begin submitting RFE's in DROPLET

Title II and IV Guidelines

Non-Public Schools Title II and IV Professional Development For Improving Teacher Quality

PROCEDURES AND GUIDELINES

The Non-Public (NP) schools share of the LEA's (Local Educational Agency) professional development (PD) funds are to enhance the capacity of NP school teachers to better serve NP school students.

Professional development will be in correlation with the Title II and IV PD Consultation Needs Assessment and Activity Chart. Funds should be used for activities/services that are linked to student data collection targeting students' academic performance, teacher effectiveness, parental involvement, and/or administrative leadership.

Professional development activities for NP School teachers may be conducted in conjunction with, or independently of, the regular public-school program. Professional development activities must be *secular*, *neutral* and *nonideological*. PD funds may be used for a NP School teacher(s) to attend a professional conference sponsored or conducted by a faith-based organization if the conference is part of a sustained and comprehensive secular professional development plan for the teacher(s). If this requirement is met then funds may be expended to pay for the portion of the costs of the conference, determined by the LEA prior to attendance, that represent the secular professional development in which the teacher participated. In this case, the LEA would pay or reimburse **that portion** for attendance at the conference. Conference agenda of conference sessions must be provided as documentation.

The following stipulations for LEAs regarding allowable uses of professional development funds are:

- Availability of Professional Development funds are determined by data driven PD Needs Assessment Survey.
- PD funds may not be used to “upgrade an instructional program in the regular classroom of the Non-Public schools.”
- An LEA may not reimburse a NP School for professional development training per Federal Programs Guidelines.
- An LEA may pay a Non-Public school teacher for time spent above and beyond hours of employment by the Non-Public school system in a training program, “if reasonable and necessary.” Such stipends must be available to public and NP schools on the same basis and must be paid directly to teachers, not to a NP school per Federal Programs Guidelines.
 - (Title IV) Prior to any after-school tutoring, teachers must enroll in the CPSB Human Resources Online Application (*with a copy of Income Tax forms, driver's license and SS# card*) and the Authorization Agreement for Automatic Deposit form (S-511) with voided check emailed to federalprogramsrosteet@cpsb.org. (Step-by-step instructions can be found in the “Stipends” content section)
 - (Title II & IV) Prior to any professional development activity, we will need the Authorization for Accounts Payable Automated Deposit form, the Individual as Independent Contractor form (NP-E-2), and the W-9 form sent to federalprogramsrosteet@cpsb.org.
- PD funds cannot be used to pay substitutes for NP schoolteachers while they attend professional development activities.
- PD funds may not be used to pay for NP schoolteachers to attend professional development trainings or conferences operated by the Non-Public school if the training is required of all NP school teachers.
- PD reimbursement will not be processed until all of the employees' documentation has been completed and on file in the Federal Programs Office (per training-per Request for Expenditure) including the Authorization for Accounts Payable Automated Deposit form with voided check.

- **Supplement not Supplant:** PD funds must be used to supplement, and not supplant, any non-federal funds that would otherwise be used for authorized PD activities.

Any activity that has been funded by the district in prior years is not an allowable activity for PD funds.

- Non-Public schools receiving PD funds are responsible for keeping all documentation for 5 years.

PD trainings for NP school personnel must be evidence-based research and must be expected to improve student academic achievement. Professional development activities may include:

- Improving the knowledge of teachers, principals, and other educational personnel in one or more of the core academic subjects and in effective instructional teaching strategies, methods, and skills.
- Training in effectively integrating technology into curriculum and instruction.
- Training in how to teach students with different needs, including students with disabilities or limited English proficiency, and gifted and talented students.
- Training in methods of improving student behavior, identifying early and appropriate interventions, and involving parents more effectively in their children's education.
- Leadership development and management training to improve the quality of principals and superintendents; and Training in the use of data and assessments to improve instruction and student outcomes.
- Praxis Test for teachers to become certified in their teaching assignment.

Request for Expenditures through DROPLET:

*Approved Request for Expenditure required for all expenditures, **prior to spending**

*Submit Request for Expenditure **6 weeks** in advance to use any PD monies.

*Need a separate Request for Expenditure for each individual activity and budget category.

*Please put a copy of your request number on all documents submitted for reimbursement.

* "PLEASE NOTE" Federal Programs **cannot** reimburse any school for any expenses.

*Any **NEW** vendor for Contracted Speaker or Travel will need to provide a W-9 form.

Title II and/or IV Stipend Pay:

Title II and/or IV Purchased Services (Professional Development Stipend Pay)

*Submit Request for Expenditures through DROPLET for approval **6 weeks prior to activity**. Please make sure the dates are on the request.

*Upon completion of activity, agenda and sign-in sheets must be emailed to federalprogramsrosteet@cpsb.org.

*Stipend pay is **not** allowable for clerical or for any long-term substitute of any type.

Title IV ONLY - Tutorial Stipend

*Submit Request for Expenditures through DROPLET for approval **6 weeks prior to activity**. Please make sure the dates are on the request.

*Upon completion of activity, agenda and sign-in sheets must be emailed to federalprogramsrosteet@cpsb.org.

Title II Tuition or Praxis Assistance funds are available for NP teachers to receive partial reimbursement for university tuition when working towards certification in education. This funding is to encourage teachers to become certified in the area they are teaching, which is an allowable expenditure of Title II funds.

Only courses meeting the requirements of degrees leading to certification (prescription) will be approved for reimbursement by Title II Funds. These funds may **not** be used specifically for coursework needed for the following:

- a. to increase overall grade point average for acceptance into a teacher education program
- b. for certification in guidance counseling or library science; and/or
- c. for advanced degrees

Reimbursement is **unavailable** for books or other fees. A maximum of nine (9) hours per semester may be

reimbursed. The following reimbursement schedule will be applied *as funds are available*: \$500 for three hours; \$900 for six hours; and \$1,300 for 9 hours; 60% (not to exceed \$2,700) for fast-track program (iTeach, LC or LRCE). Only teachers in NP schools working towards certification in regular or special education are eligible for tuition reimbursement with Title II funds. Reimbursement pending other funding sources.

Title II and IV Contracted Services:

- *Submit Request for Expenditures through DROPLET for approval **6 weeks** prior to activity. Please make sure the name of the speaker and date are on the request.
- ***CPSB Federal Programs Contract documents are required** (forms NP-E-1 and NP-E-2).
- *Remember to attach the two required contract documents indicated in the previous bullet point and ensure documents have the required signatures of vendor and principal when submitting RFE through DROPLET at least **6 weeks** prior to date of service.
- *Upon completion, please submit invoice signed and dated by you verifying approval of payment. Attach a copy of the agenda and sign-in sheets to the invoice. Email all documentation to federalprogramsrosteet@cpsb.org.
- ***Federal Programs sign in sheets are “REQUIRED” for all PD activities (NP-B-Stipends or Form NP-B 1).**

Title II and/or IV Site License

Site License Virtual Registration

- *Submit Request for Expenditures through DROPLET for approval **6 weeks** prior to activity.
- *Check Vendor directly pays Vendor: Yes or NO
- *Submit Pre-Conference Form F
- *Submit Registration Form
- *Upon completion please email copy of Registration showing proof of payment, if paid by Teacher. Attach a copy of the agenda and Certificate of completion.

Site License (*CPSB Federal Programs always pays Vendor Directly for Site License*)

- *Submit Request for Expenditures through DROPLET for approval **6 weeks** prior to activity.
- *Submit Site License Quote (good for 30 days), Quote must be for current school year.
- *Once the NP School has received the Site License, request an Invoice from the Vendor, billed to CPSB.

Title II and IV Travel:

- *Submit Request for Expenditures through DROPLET for approval **6 weeks** prior to activity. Please indicate all expenses for trip and number of attendees traveling.
- *All travel must follow Calcasieu Parish School Board guidelines. It is your responsibility to make sure whoever is traveling on the monies you requested knows about the CPSB travel guidelines.
- *Once travel is completed refer to the Quick Reference Travel Checklist (NP-G-1) for required documentation (due within 10 working days).
- *The NP school who submitted the request is responsible for collecting and turning in all travel reimbursements at one time (due within 10 working days).
- *If you have multiple teachers attending a conference all travel reimbursements must be turned in together.
- *When requesting “Mileage Reimbursement for Driving Out-of-State” (not Flying) complete form NP-H.
- *All Travel Reimbursement Documentation (all receipts and invoices) must be in the Non-Public school employee’s name

NOT ALLOWABLE WITH TITLE II MONIES:

Equipment, Food, Maintenance Contract, Purchase Technical Services, Rental Car, Supplies

**Basic Steps for Federal Programs DROPLET Request
for Expenditure (RFE) of Funds (Non-Public School)**



Submit RFE and all required
information through DROPLET



Federal Programs staff verifies that all required
information is complete, then it will be
forwarded to the Federal Programs Funds
Coordinator to verify that funds are available



RFE will be forwarded to the Director to
approve or disapprove the activity



DROPLET will send out an email notification
when an RFE has been approved or disapproved
(RFE status can also be checked through DROPLET at any time)



Calcasieu Parish School Board - Federal Programs
- Non Public Schools

Submitter Name

Submitter Email

Request #: --

Location Code

Date

Number

District/School

Funding Source

LE

Title II

Title IV

FE Refreshments or Supplies

Stipends

Teacher Tuition Reimbursement

Praxis Reimbursement

Contract Speaker

Site License/Virtual Registration

Travel

Comments/Notes (optional)

Request Preparer Signature

Submit

Title II & IV Procedures for STIPENDS

-PD – Purchased Services-

(HAS TO BE HELD AFTER-HOURS AND NOT ON AN INSERVICE DAY)

FYI... Title II or IV can be used to pay for PD Purchased Services Stipends. If using Title IV, Safe & Healthy (Example-CPR) or Technology (Example-new curriculum or computer program tied to curriculum) categories can be used.

Submit Request for Expenditure (RFE)

6 weeks Prior to Activity

RFE should be submitted through DROPLET. Remember to include Activity, Dates(s), Total # of Participants, Total # of Hours, and Total Cost. (Only one RFE submitted per activity)

Once Federal Programs has approved your request, you may proceed with the activity. (You can check your RFE status through DROPLET. You will also receive an alert from DROPLET and/or receive an email alerting you of the approved status and next steps)

Step 1: Please email the names of participants that will be attending the PD. We must make sure they are in our system with an employee vendor ID number.

Step 2: Documentation should be emailed to federalprogramsrosteet@cpsb.org within 10 days upon COMPLETION of PD Purchased Services:

- Agenda
- Federal Programs PD Stipend Sign-In Form (NP-B)
 - Individual as Independent Contractor (NP-E-2)
- Authorization for Accounts Payable Automated Deposit with copy of voided check
 - W-9 Form

–For federal monitoring purposes, documentation must be kept on file at your school for 5 years.

Audit Exceptions:

White Out is not allowed on any of the Forms listed in Step 2. If a mistake is made, simply strike over the mistake, mark the correction, and have administrator initial any changes.

documentation must be kept on file at your school for 5 years--



**Form NP-E-2
(CPSB S-514)**

Individual as Independent Contractor

The Calcasieu Parish School Board has historically paid individual contracted employees through the Accounts Payable Department. Some of these independent contracts are retired employees and are subject to retirement deductions from any earnings paid by the school system. It has become critical that the Payroll and Accounts Payable Departments be aware of whether an independent contractor has ever been a member of Teachers' Retirement System of Louisiana or Louisiana School Employees' Retirement System.

To insure that proper retirement contributions are withheld, if required, all requests for payments by independent contractors must have this form attached with the questions below completed and signed by the independent contractor.

Contractor Name

SS # or Tax I.D.

School System:

Yes No I am currently contributing as an active employee in:
 Teachers' Retirement System
 School Employees' Retirement System

Yes No I am currently receiving retiree benefits through:
 Teachers' Retirement System
 School Employees' Retirement System

Yes No I have retired within the last 12 months from:
 Teachers' Retirement System
 School Employees' Retirement System

Date:

Please complete, print and have independent contractor sign and date.

Signature: _____

Date: _____



Calcasieu Parish School Board

BUILDING FOUNDATIONS FOR THE FUTURE

Dr. Jason VanMetre, Superintendent

Accounts Payable Department
PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____

Phone Number: _____

Routing Number: _____

Account Number: _____

Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____



For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 6 City, state, and ZIP code
 7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

OR

Employer identification number

				-									
--	--	--	--	---	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

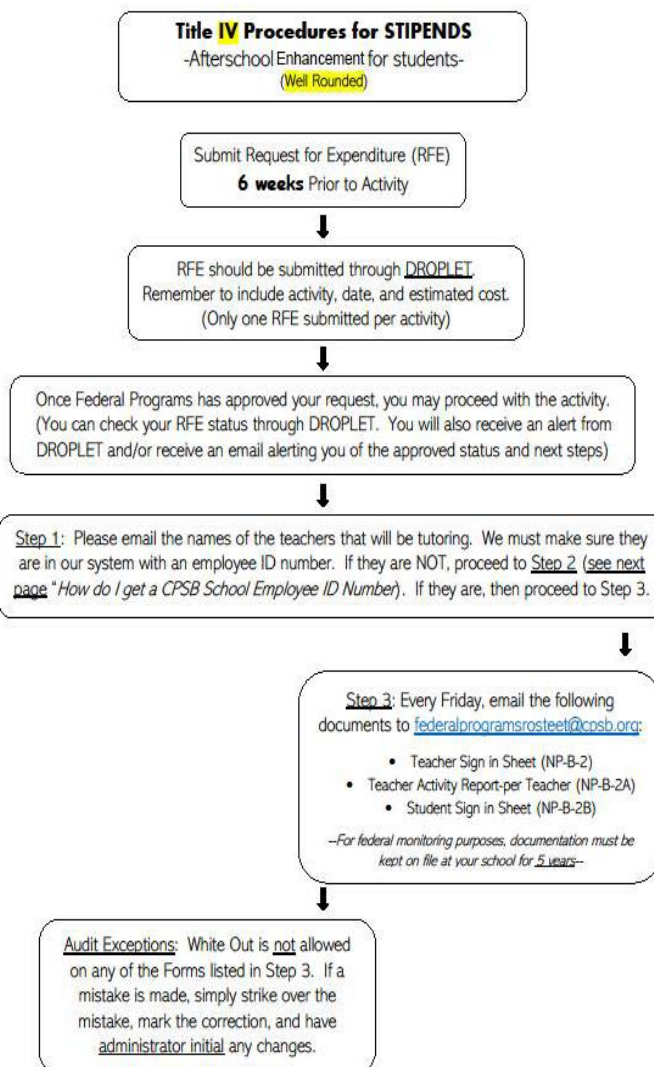
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





Calcasieu Parish School Board - Federal Programs
- Non Public Schools

Submitter Name Submitter Email

Request #: -

Location Code <input type="text"/>	Date <input type="text" value="MMDD"/>	Number <input type="text"/>	District/School <input type="text"/>
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Funding Source

FL Title II Title IV

FE Refreshments or Supplies

Stipends

PC - Purchased Services Tutorial

Activity Start Date End Date

Total # of Participants Total # of Hours Total Cost

Teacher Tuition Reimbursement

Praxis Reimbursement

Contract Speaker

Site License/Virtual Registration

Travel

Comments/Notes (optional)

Request Preparer Signature

Submit

How do I get a CPSB School Employee ID Number for After-School Enhancement?

Non-Public School Employee ID Number Steps to Follow

- Go to cpsb.org
- On the main CPSB screen, click on Depts.
- On the directory, click on Personnel
- When you are on the Personnel Dept. page, click on Job Opportunities (the Application Portal will appear)
- Click the Application Portal tab highlighted in blue, and you will be directed to the Job Listings where you will apply for a job
- Scroll down to page 2 or 3 to find the "Substitute Teacher/Para Pool" position that applicants will need to work at the Non-Public schools as contracted employees
- Click Apply and you will be directed to the Substitute Teacher/Para Pool Job Description page. From here you will need to click on the top right tab that says "Apply for this Position"
- You will apply as a new applicant. Click on the tab that says "Create New Account and Apply"
- Please answer all the questions that have a red asterisk next to it. These are the required fields to answer. If an area does not have a red asterisk next to it, it is not required except for your email (you will need to enter an email even though there is no red asterisk next to it). After answering the questions click save.
 - When you get to the part requiring a username and password, a good example is to use your personal email account as your username and a password that is easy to remember would be the first, middle, and last initial of your name along with the four-digit year you were born and include a special symbol on the end (password example: rar2022!)
- Continue answering all the questions and at the very end you will click save and submit.
- Once you complete the application there will be a message letting you know your application was successfully submitted.
- Non-Public School Employee will email the following documents to Federal Programs (federalprogramsrosteet@cpsb.org):
 - Copy of Social Security Card & Driver's License
 - Automatic Deposit Form along with Voided check
 - Employee Withholding Exemption Certificate (L-4) form
- Federal Programs will email these forms to Personnel Department to code these NP employees with code F4444-contracted or supplemental only.

FYI.....Non-Public School Employees will omit the following steps below:

- Orientation
- Background Check / Drug Screen
- Life Insurance

FEDERAL PROGRAMS ENHANCEMENT PROGRAM ACTIVITY REPORT

*Form
NP-B- 2A*

Teacher Name: _____

DATE	TIME	SKILLS/ACTIVITIES	TEACHER INITIALS

Principal Signature: _____ Date: _____

****EMAIL (federalprogramsrosteet@cpsb.org) WEEKLY** EMAIL FINAL COPY AT THE END OF EACH MONTHLY**

Title II Procedures for Teacher Tuition

(NP school teacher working toward teacher certification in their teaching area)

6 weeks Prior to Activity

When submitting RFE through DROPLET,
attach Form **NP-D** along with the
prescription for certification
-One RFE per activity-

DROPLET will send out an email notification
when an RFE has been approved or disapproved
(RFE status can also be checked through DROPLET at any time)

Upon
Completion

For reimbursement, email the following items to
federalprogramsrosteet@cpsb.org:

- Itemized tuition receipt with proof of payment
- Transcript with final passing grades

NP employees must complete the Automated Deposit Form (CPSB S-5001)...MANDATORY with voided check

RFE # on all reimbursement documentation



REQUEST FOR EXPENDITURE OF FUNDS

Calcasieu Parish School Board - Federal Programs
- Non Public Schools

Revised May 2022
Form A

Submitter Name Submitter Email

Request #:

Location Code	Date	Number	District/School
<input type="text"/>	<input type="text" value="MMDD"/>	<input type="text"/>	<input type="text"/>

Funding Source

FE Title II Title IV

FE Refreshments or Supplies

Stipends

Teacher Tuition Reimbursement

Teacher's Name	Total Cost
<input type="text"/>	<input type="text"/>
Attach Application 'Form D'	
<input type="text" value="Choose Files or Drop Here"/>	
Attach Prescription	
<input type="text" value="Choose Files or Drop Here"/>	

Praxis Reimbursement

Contract Speaker

Site License/Virtual Registration

Travel

Comments/Notes (optional)

Request Preparer Signature

FEDERAL PROGRAMS TITLE II
Application for Non-Public School Teacher Tuition or Praxis Assistance

Section I: To be completed by applicant (Print or Type)

Semester Year (Name of Regionally Accredited College/University)

Name: Last First Middle/Maiden Social Security No.

Home Address Home Telephone Number

City, State and Zip Code School Assignment Specific Job Assignment

- * Teacher Certification (only in regular or special education core content area)
* Only teacher education degree programs are allowable for reimbursement.

Check each one(s) that apply to the applicant/participant:
A. Seeking certification under ESSA in area of current teaching assignment.
B. Teachers working toward certification in their current teaching assignment.
C. Praxis Test for certification.

Only courses meeting the requirements of degrees leading to certification will be approved for reimbursement by Title II Funds. These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in guidance counseling or library science; and/or (c) for advanced degrees. Reimbursement is not allowable for books or other fees. Maximum of 9 hours per semester may be reimbursed. Reimbursement schedule as funds are available: \$500 for 3 hours; \$900 for 6 hours; \$1,300 for 9 hours; 60% (not to exceed \$2,700) for fast track program (iTeach, LC orLRCE) Please submit proof of final grade and payment receipt for reimbursement. Praxis reimbursement of 100% as funds are available: copy of paid receipt and a copy of passing score.

Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.

Table with 4 columns: Department, Course #, Course Title, Approved/Denied (LEA Adm. Must Initial/Date Review)

Section II: (Please read the statement below carefully before signing).

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me. I give permission for all concerned in the implementation of the Federal Funds Program to release information as required. Tuition will be reimbursed as funds are available. Reimbursement pending other funding sources.

Are you receiving money or reimbursement from any other grants and/or funding sources. Yes No
If yes, list:

Applicant's Signature Date NP Principal's Signature Date

Federal Programs Director Signature Date
Email Request for Expenditure, application and prescription to: federalprogramsrosteet@cpsb.org



Calcasieu Parish School Board

BUILDING FOUNDATIONS FOR THE FUTURE

Dr. Jason VanMetre, Superintendent

Accounts Payable Department
PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____

Phone Number: _____

Routing Number: _____

Account Number: _____

Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____



For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Building Foundations for the Future

Administrative Offices 3310 Broad Street Lake Charles, La 70615 Phone 337.217-4000 Fax 337.217.4051

Title II Procedures for Praxis



6 weeks Prior to Activity

When submitting RFE through DROPLET,
attach Form **NP-D**
-One RFE per activity-

DROPLET will send out an email notification
when an RFE has been approved or disapproved
(RFE status can also be checked through DROPLET at any time)



Upon
Completion



For reimbursement, email the following items to

federalprogramsrosteet@cpsb.org:

- Itemized receipt with proof of payment
- Pass or fail documentation

NP employees must complete the Automated Deposit Form (CPSB S-5001)...MANDATORY with voided check

RFE # on all reimbursement documentation



Calcasieu Parish School Board - Federal Programs
- Non Public Schools

Submitter Name Submitter Email

Request #: --

Location Code Date Number District/School

Funding Source

FL Title II Title IV

FE Refreshments or Supplies

Stipends

Teacher Tuition Reimbursement

Praxis Reimbursement

Teacher's Name Total Cost

Attach Application 'Form D'

Contract Speaker

Site License/Virtual Registration

Travel

Comments/Notes (optional)

Request Preparer Signature

Form NP-D

FEDERAL PROGRAMS TITLE II
Application for Non-Public School Teacher Tuition or Praxis Assistance

Section I: To be completed by applicant (Print or Type)

Semester Year (Name of Regionally Accredited College/University)

Name: Last First Middle/Maiden Social Security No.

Home Address Home Telephone Number

City, State and Zip Code School Assignment Specific Job Assignment

- * Teacher Certification (only in regular or special education core content area)
* Only teacher education degree programs are allowable for reimbursement.

Check each one(s) that apply to the applicant/participant:
A. Seeking certification under ESSA in area of current teaching assignment.
B. Teachers working toward certification in their current teaching assignment.
C. Praxis Test for certification.

Only courses meeting the requirements of degrees leading to certification will be approved for reimbursement by Title II Funds.
These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in guidance counseling or library science; and/or (c) for advanced degrees.
Reimbursement is not allowable for books or other fees. Maximum of 9 hours per semester may be reimbursed. Reimbursement schedule as funds are available: \$500 for 3 hours; \$900 for 6 hours; \$1,300 for 9 hours; 60% (not to exceed \$2,700) for fast track program (iTeach, LC or LRCE) Please submit proof of final grade and payment receipt for reimbursement. Praxis reimbursement of 100% as funds are available: copy of paid receipt and a copy of passing score.

Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.

Table with 4 columns: Department, Course #, Course Title, Approved/Denied (LEA Adm. Must Initial/Date Review)

Section II: (Please read the statement below carefully before signing).

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me. I give permission for all concerned in the implementation of the Federal Funds Program to release information as required. Tuition will be reimbursed as funds are available. Reimbursement pending other funding sources.

Are you receiving money or reimbursement from any other grants and/or funding sources. Yes No
If yes, list:

Applicant's Signature Date NP Principal's Signature Date

Federal Programs Director Signature Date
Email Request for Expenditure, application and prescription to: federalprogramsrosteet@cpsb.org

Form NP-D

FEDERAL PROGRAMS TITLE II
Application for Non-Public School Teacher Tuition or Praxis Assistance

Section I: To be completed by applicant (Print or Type)

Semester Year (Name of Regionally Accredited College/University)

Name: Last First Middle/Maiden Social Security No.

Home Address Home Telephone Number

City, State and Zip Code School Assignment Specific Job Assignment

- * Teacher Certification (only in regular or special education core content area)
* Only teacher education degree programs are allowable for reimbursement.

Check each one(s) that apply to the applicant/participant:
A. Seeking certification under ESSA in area of current teaching assignment.
B. Teachers working toward certification in their current teaching assignment.
C. Praxis Test for certification.

Only courses meeting the requirements of degrees leading to certification will be approved for reimbursement by Title II Funds. These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in guidance counseling or library science; and/or (c) for advanced degrees. Reimbursement is not allowable for books or other fees. Maximum of 9 hours per semester may be reimbursed. Reimbursement schedule as funds are available: \$500 for 3 hours; \$900 for 6 hours; \$1,300 for 9 hours; 60% (not to exceed \$2,700) for fast track program (iTeach, LC or LRCE) Please submit proof of final grade and payment receipt for reimbursement. Praxis reimbursement of 100% as funds are available: copy of paid receipt and a copy of passing score.

Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.

Table with 4 columns: Department, Course #, Course Title, Approved/Denied (LEA Adm. Must Initial/Date Review)

Section II: (Please read the statement below carefully before signing).

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me. I give permission for all concerned in the implementation of the Federal Funds Program to release information as required. Tuition will be reimbursed as funds are available. Reimbursement pending other funding sources.

Are you receiving money or reimbursement from any other grants and/or funding sources. Yes No
If yes, list:

Applicant's Signature Date NP Principal's Signature Date

Federal Programs Director Signature Date
Email Request for Expenditure, application and prescription to: federalprogramsrosteet@cpsb.org



Accounts Payable Department
 PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____
 Mailing Address: _____

 E-mail Address: _____
 Phone Number: _____
 Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____
 Phone Number: _____
 Routing Number: _____
 Account Number: _____
 Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____

For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Building Foundations for the Future

Title II & IV Procedures for Professional Educational Purchased Services - Contract Speaker

6 weeks Prior to Activity

Submit Request for Expenditure through DROPLET-
-One RFE per activity submitted for approval-

Attach a copy of the Contract Forms **NP-E-1** and **NP-E-2** completed and signed by the Vendor & NP School Administrator
(No other Contracts will be accepted / W-9 Required for New Vendors)

DROPLET will send out an email notification when an RFE has been approved or disapproved
(RFE status can also be checked through DROPLET at any time)

Upon Completion

Email Invoice signed & dated by the vendor & administrator. Include the Agenda & Federal Programs Sign-In Form **NP-B-1**... OR... If receiving a stipend, email Forms **NP-B**, **NP-E-2**, Automated Deposit Form (CPSB S-5001) with copy of voided check & W-9
federalprogramsrosteet@cpsb.org
RFE # on all reimbursement documentation



Calcasieu Parish School Board - Federal Programs
- Non Public Schools

Submitter Name <input type="text"/>	Submitter Email <input type="text"/>
---	--

Request #:

Location Code <input type="text"/>	Date <input type="text" value="MM/DD"/>	Number <input type="text"/>	District/School <input type="text"/>
--	---	---------------------------------------	--

Funding Source

FL
 Title II
 Title IV

FE Refreshments or Supplies

Stipends

Teacher Tuition Reimbursement

Praxis Reimbursement

Contract Speaker

Activity <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>
---	---	---

Vendor Name <input type="text"/>	Total Cost <input type="text"/>
--	---

Attach Federal Programs Contract Packet

Choose Files or Drop Here

Site License/Virtual Registration

Travel

Comments/Notes (optional)

Request Preparer Signature

Submit

CALCASIEU PARISH SCHOOL BOARD
3310 Broad St. Lake Charles, LA 70615
Form #1 of 2

Form NP-E-1

PURCHASED PROFESSIONAL EDUCATIONAL/TECHNICAL SERVICES

(The person performing the professional services warrants that he has not employed or retained any company or person, other than a bona fide employee working solely for him, to solicit or secure this agreement, and that he has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for him, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award or making of this agreement. For the breach or violation of this provision, the agency shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.)

FEDERAL PROGRAMS CONTRACT PROPOSAL

Name: (vendor, firm, individual) _____

E-Mail: _____

Address: _____

Describe services to be rendered: _____

I will perform the above stated services for the contracted costs shown below:

Dates of Service: _____

Total Cost: _____

Individual as Consultants Form (Form #2 of 2) must accompany this contract or it will be denied. Upon completion of services an invoice signed and dated by the Non Public School Principal is needed to process payment.

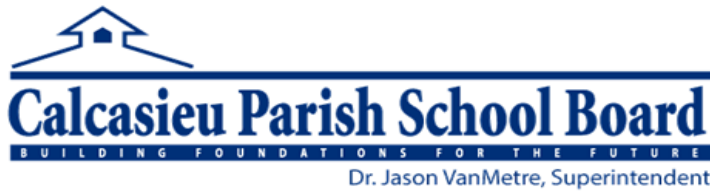
SIGNATURES OF CONTRACT APPROVAL

Vendor: _____ Date: _____

Non-Public School Principal: _____ Date: _____

Director of Federal Programs: _____ Date: _____

CPSB Superintendent: _____ Date: _____



*Form NP-E-2
(CPSB S-514)*

Individual as Independent Contractor

The Calcasieu Parish School Board has historically paid individual contracted employees through the Accounts Payable Department. Some of these independent contracts are retired employees and are subject to retirement deductions from any earnings paid by the school system. It has become critical that the Payroll and Accounts Payable Departments be aware of whether an independent contractor has ever been a member of Teachers' Retirement System of Louisiana or Louisiana School Employees' Retirement System.

To insure that proper retirement contributions are withheld, if required, all requests for payments by independent contractors must have this form attached with the questions below completed and signed by the independent contractor.

Contractor Name

SS # or Tax I.D.

School System:

Yes No I am currently contributing as an active employee in:
 Teachers' Retirement System
 School Employees' Retirement System

Yes No I am currently receiving retiree benefits through:
 Teachers' Retirement System
 School Employees' Retirement System

Yes No I have retired within the last 12 months from: Date:
 Teachers' Retirement System
 School Employees' Retirement System

Please complete, print and have independent contractor sign and date.

Signature: _____

Date: _____

Building Foundations for the Future

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (Disregarded, S corporation, Partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____
 Requestor's name and address (optional) _____

6 City, state, and ZIP code _____

7 List account number(s) here (optional): _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
OR								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1099-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

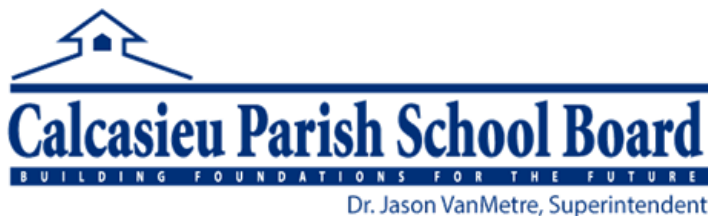
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

This form is to be used for NEW Vendors ONLY



Form NP-E-2
(CPSB S-514)

Individual as Independent Contractor

The Calcasieu Parish School Board has historically paid individual contracted employees through the Accounts Payable Department. Some of these independent contracts are retired employees and are subject to retirement deductions from any earnings paid by the school system. It has become critical that the Payroll and Accounts Payable Departments be aware of whether an independent contractor has ever been a member of Teachers' Retirement System of Louisiana or Louisiana School Employees' Retirement System.

To insure that proper retirement contributions are withheld, if required, all requests for payments by independent contractors must have this form attached with the questions below completed and signed by the independent contractor.

Contractor Name

SS # or Tax I.D.

School System:

Yes No I am currently contributing as an active employee in:
 Teachers' Retirement System
 School Employees' Retirement System

Yes No I am currently receiving retiree benefits through:
 Teachers' Retirement System
 School Employees' Retirement System

Yes No I have retired within the last 12 months from: Date:
 Teachers' Retirement System
 School Employees' Retirement System

Please complete, print and have independent contractor sign and date.

Signature: _____ Date: _____

Building Foundations for the Future



Accounts Payable Department

PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____
 Mailing Address: _____

 E-mail Address: _____
 Phone Number: _____
 Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____
 Phone Number: _____
 Routing Number: _____
 Account Number: _____
 Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____

For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Building Foundations for the Future

Title II or IV Procedures for Site License and/or Virtual

6 weeks Prior to Activity

Site License:

- Check "NO" for Registration Question
 - Attach a copy of the quote when submitting RFE through DROPLET (Quote must be for current school year and good for at least 30 days)
- OR

Virtual Registration:

- Check "YES" if Federal Programs is paying Registration
- Attach Registration Form signed by Principal
- Attach Pre-Conference Form (Form F) signed by Teacher & Principal

DROPLET will send out an email notification when an RFE has been approved or disapproved (RFE status can also be checked through DROPLET at any time)

Upon Completion

Site License: Email invoice signed by Principal.
Virtual Registration: If teacher paid, email paid registration with proof of payment. Attach a copy of agenda & certificate of completion.
federalprogramsrosteet@cpsb.org
RFE # on all reimbursement documentation



REQUEST FOR EXPENDITURE OF FUNDS

Calcasieu Parish School Board - Federal Programs
- Non Public Schools

Submitter Name Submitter Email

Request #
Location Code Date Number District/School

Funding Source
 FE Title I Title III

FE Refreshments or Supplies

Stipends

Teacher Tuition Reimbursement

Praxs Reimbursement

Contract Speaker

Site License/Virtual Registration

Virtual Registration to be paid by Title III? directly to vendor?

Yes No

subject title start date end date

Vendor Name Total Cost

Attach quote for Site License

Attach Registration Form

Attach Pre-Conference Form F

Travel

Comments/Notes (optional)

Request Preparer Signature



Dr. Jason VanMetre, Superintendent

Accounts Payable Department
PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____

Phone Number: _____

Routing Number: _____

Account Number: _____

Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____



For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Administrative Offices 3310 Broad Street Lake Charles, La 70615

Building Foundations for the Future

For **Virtual Registration**, attach this Pre-Conference form (Form NP F) signed by Teacher & Principal when submitting RFE through DROPLET

Federal Programs-Pre-Conference Travel Form
Application for Authorization of Professional Trip and/or Out-of-Parish, Out-of-State Travel

<i>Form NP F</i>

NP School: _____ Approved Request for Expenditure #: _____

Conference: _____ Destination: _____ Date/s: _____
Including Travel Time

Please provide 1-2 sentence answers below: Check Funding Source: _____ Title II _____ Title IV

1. Describe in detail how the professional development aligns with the current needs.

2. Describe your strategies for the redelivery of the professional development. Include timelines and documentation of redelivery.

3. Describe your method of ensuring classroom implementation of the activities/strategies. Include examples of how implementation will be documented.

Attendee's Name	Position	Grade Level/ Subject	Cell Phone#	NP Employee Signature	NP Employee Email

- ❖ *By signing above, I understand that any Federal funds paid out (registration fee) on my behalf for a professional development activity will be reimbursed by me if I do not attend. I also understand that there are no emergencies.*
- ❖ *All Travel Reimbursement Documentation (all receipts and invoices) must be in the Non Public School Employee's Name*

Non Public Principal's Signature: _____ Date: _____

Federal Programs Director Signature: _____ Date: _____

CPSB Superintendent Signature: _____ Date: _____

Title II or IV Procedures for Teacher Travel

6 weeks Prior to

Read Pre-Travel Checklist Form G-1

Submit Request for Expenditure through DROPLET

One RFE per activity submitted for approval to the Federal Programs Department

For DROPLET attach the following:

- Pre-Conference Form F signed by Teachers & Principal
- Out-of-State Travel, Driving instead of Flying: Attach Form H

FP paying Registration: attach Registration form signed by Principal w/ W-9 for New VENDOR.

*****Once RFE is approved & Purchase Order is processed for registration, there will be no changes or substitutions*****

DROPLET will send out an email notification when an RFE has been approved/disapproved (RFE status can also be checked through Droplet at any time)

Upon Completion Refer to Post-Travel Checklist Form G-1

RFE # on all reimbursement documentation

Important Notes to Keep in Mind:

- Registration fees must be reimbursed to FP if individual does not attend the conference (***No Emergencies***).
- Reimbursements are made directly to Non-Public School Employee (***not to the school***).
- An individual can only be reimbursed for one hotel room and/or one airline ticket. **Do not reserve or pay for multiple hotel rooms or airline tickets. Credit card must be in NP employee's name.**
- In order to receive reimbursement, NP employees must complete the Automated Deposit Form (CPSB S-5001 [mandatory]) with copy of voided check.

TRAVEL

Quick Reference Travel Checklist

NP-G-1

Non Public Pre-Travel Checklist

Checklist for Pre-Travel for Approval	Yes	No
Submit Request for Expenditure through DROPLET 6 Weeks prior and:		
• Pre-Conference Travel Form F		
• Activity, dates, number of participants & estimated cost		
• Attach registration forms complete with names & cost at least 30 working days before the early bird deadline and/or registration deadline, <i>when applicable</i>		
• Out-of-state Travel: Submit the Application for Mileage Reimbursement for Driving Out-of-State (Form H). This is for registrants choosing NOT to fly, <i>when applicable</i>		

- ✓ Registration fees must be reimbursed to Federal Programs Department if individual does not attend the conference. ****I understand that there are no exceptions.****

Non Public Post-Travel Checklist

Checklist for Post-Travel for Reimbursement	Yes	No
Documentation is due within 10 school days after end of PD		
Agenda		
Name badge or certificate of completion		
Itemized hotel bill with employee name, \$0 balance, conference hotel rate documentation		
Airline ticket with itinerary that shows name & proof of payment		
Shuttle/Taxi/Uber receipts with driver's signature (if applicable)		
Meal Reimbursement Form		
If registration is paid by individual, a copy of registration form, itemized receipt showing form of payment (statement or canceled check)		

- ✓ No school reimbursement allowed. Reimbursements made to individuals. An individual can only be reimbursed for one room and/or one airline ticket. Do not reserve or pay for multiple hotel rooms or airline tickets. Credit card must be in employee's name.
- ✓ Registration fees must be reimbursed to Federal Programs Department if individual does not attend the conference. ****I understand that there are no exceptions.****
- ✓ Out-of-state Travel: The Mileage Reimbursement Form H must be completed by all registrants choosing NOT to fly.

Please call or email my office, if you have any questions or concerns.

Calcasieu Parish School Board Federal Programs

2423 6th St. (Rosteet Annex)

Lake Charles, La 70601

Phone: 337-217-4170 Ext. 2402

Email: federalprogramsrosteet@cpsb.org



submitter name: submitter email:

Request # -

Location Code	Date	Number	Element/School
<input type="text"/>	MM/DD	<input type="text"/>	<input type="text"/>

Bundling Sources

Title I
 Title II
 Title IV

- FE Refreshments or Supplies
- Stipends
- Teacher Tuition Reimbursement
- Praxis Reimbursement
- Contract Speaker
- Site License/Virtual Registration

Travel

Payment To	Conference Name	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration to be paid by Title IV/V directly to vendor?	Start Date	End Date
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
# of Participants	Total Registration Fee	
<input type="text"/>	<input type="text"/>	
Hotel	Meals	Mileage
<input type="text"/>	<input type="text"/>	<input type="text"/>
Airfare	Miscellaneous Cost	
<input type="text"/>	<input type="text"/>	
Total Cost: 0		

Attach the Pre-Conference/Out-of-Park Registration Form F

If driving out of state, Attach Form H

Comments/Notes (optional)

Request Preparer Signature

Submit

Federal Programs-Pre-Conference Travel Form
Application for Authorization of Professional Trip and/or Out-of-Parish, Out-of-State Travel

<i>Form NP F</i>

NP School: _____ Approved Request for Expenditure #: _____

Conference: _____ Destination: _____ Date/s: _____
Including Travel Time

Please provide 1-2 sentence answers below: Check Funding Source: ____ Title II ____ Title IV

1. Describe in detail how the professional development aligns with the current needs.

2. Describe your strategies for the redelivery of the professional development. Include timelines and documentation of redelivery.

3. Describe your method of ensuring classroom implementation of the activities/strategies. Include examples of how implementation will be documented.

Attendee's Name	Position	Grade Level/ Subject	Cell Phone#	NP Employee Signature	NP Employee Email

❖ *By signing above, I understand that any Federal funds paid out (registration fee) on my behalf for a professional development activity will be reimbursed by me if I do not attend. I also understand that there are no emergencies.*

❖ *All Travel Reimbursement Documentation (all receipts and invoices) must be in the Non Public School Employee's Name*

Non Public Principal's Signature: _____ Date: _____

Federal Programs Director Signature: _____ Date: _____

CPSB Superintendent Signature: _____ Date: _____

Revised June 2020

CALCASIEU PARISH SCHOOL BOARD
Application for Mileage Reimbursement for Driving Out-of-State
 Please email this form to: federalprogramsrosteet@cpsb.org

<i>Form NP-H</i>

Non Public School: _____ Email: federalprogramsrosteet@cpsb.org

Employee Name: _____

Number of Employees traveling from your site: _____

Names of Employees riding in your vehicle: _____

Destination: _____

Conference Name: _____

Conference Address: _____

Date(s) of trip _____

- Employees are paid the lower of mileage or air fare
- Employees are to carpool. If employees do not carpool, the rate is split between those driving.
- Employees are not paid extra days for meals or lodging because they choose to drive.

<p>For Internal Auditing Use: Reimbursable Amount: \$ _____ Date: _____ _____ Internal Auditor</p>
--

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C or S corporation, Partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____
 City, state, and ZIP code _____

7 List account number(s) here (optional): _____

Requester's name and address (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
OR								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after its release) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filed-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

THIS FORM IS TO BE USED FOR NEW VENDORS ONLY

Quick Reference Travel Checklist

NP-G-1

Non Public Pre-Travel Checklist

Checklist for Pre-Travel for Approval	Yes	No
Submit Request for Expenditure through DROPLET 6 Weeks prior and:		
• Pre-Conference Travel Form F		
• Activity, dates, number of participants & estimated cost		
• Attach registration forms complete with names & cost at least 30 working days before the early bird deadline and/or registration deadline, <i>when applicable</i>		
• Out-of-state Travel: Submit the Application for Mileage Reimbursement for Driving Out-of-State (Form H). This is for registrants choosing NOT to fly, <i>when applicable</i>		

- ✓ Registration fees must be reimbursed to Federal Programs Department if individual does not attend the conference. ****I understand that there are no exceptions.****

Non Public Post-Travel Checklist

Checklist for Post-Travel for Reimbursement	Yes	No
Documentation is due within 10 school days after end of PD		
Agenda		
Name badge or certificate of completion		
Itemized hotel bill with employee name, \$0 balance, conference hotel rate documentation		
Airline ticket with itinerary that shows name & proof of payment		
Shuttle/Taxi/Uber receipts with driver's signature (if applicable)		
Meal Reimbursement Form		
If registration is paid by individual, a copy of registration form, itemized receipt showing form of payment (statement or canceled check)		

- ✓ No school reimbursement allowed. Reimbursements made to individuals. An individual can only be reimbursed for one room and/or one airline ticket. Do not reserve or pay for multiple hotel rooms or airline tickets. Credit card must be in employee's name.
- ✓ Registration fees must be reimbursed to Federal Programs Department if individual does not attend the conference. ****I understand that there are no exceptions.****
- ✓ Out-of-state Travel: The Mileage Reimbursement Form H must be completed by all registrants choosing NOT to fly.

Please call or email my office, if you have any questions or concerns.

Calcasieu Parish School Board Federal Programs 2423 6th St. (Rosteet Annex)
 Lake Charles, La 70601 Phone: 337-217-4170 Ext. 2402 Email:
federalprogramsrosteet@cpsb.org

**NON-PUBLIC SCHOOL TITLE II MEAL REIMBURSEMENT
FOR OUT OF PARISH TRAVEL** *Form NP-I*

SCHOOL NAME: _____

NON-PUBLIC SCHOOL EMPLOYEE NAME: _____

CONFERENCE/TRAINING NAME: _____

CONFERENCE DATE: _____

DESTINATION: _____

Employees will be reimbursed for meals pursuant to the schedule herein while traveling as follows:
(AS PER CPSB POLICY DJC)

	Regular Cost Travel Areas	High Cost Travel Areas
Breakfast	\$ 9.00	\$ 11.00
Lunch	\$13.00	\$15.00
Dinner	\$20.00	\$26.00
Total for Day	\$42.00	\$52.00

PLEASE INDICATE DATE, MEAL(S), AND AMOUNT CLAIMED FOR ATTACHED TRIP
USING CHART ABOVE.

DATE	BREAKFAST	LUNCH	DINNER	TOTAL
GRAND TOTAL				

*Please Email: federalprogramsrosteet@cpsb.org
within 10 days upon returning from PD travel.*



Dr. Jason VanMetre Superintendent

Accounts Payable Department

PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____

Phone Number: _____

Routing Number: _____

Account Number: _____

Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____

For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Building Foundations for the Future

